

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE INTEREST OF

**Medical
Authorization**

Name

Date of Birth

Case No. _____

THE COURT FINDS:

1. The child/juvenile is within the jurisdiction of this court.
2. Reasonable cause exists for these services.
3. The child/juvenile consents to the medical and/or surgical procedures requested.

The court authorizes the following medical and/or surgical procedures:

BY THE COURT:

Signature of Circuit Court Judge

Name Printed or Typed

Date

Consent of Child/Juvenile

I consent to the medical and/or surgical procedures requested.

Signature of Child/Juvenile/GAL

Name Printed or Typed

Date